

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008793

FILED
Mar 09, 2009
Secretary of State

Entity Name: AMERICAN ALLIANCE FOR PEOPLE WITH DISABILITIES, INC.

Current Principal Place of Business:

370 W.CAMINO GARDENS BLVD
SUITE 100
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

370 W.CAMINO GARDENS BLVD.
SUITE 100
BOCA RATON, FL 33432

New Mailing Address:

370 W.CAMINO GARDENS BLVD
SUITE 100
BOCA RATON, FL 33432

FEI Number: 42-1609893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANETTO, RAYMOND F DOCTOR
9171 SUNSET STRIP
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

HOFFMAN, CARL
916 SW 35TH COURT
BOYNTON BEACH, FL 33435 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARL HOFFMAN

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: PANETTO, RAYMOND F DOCTOR
Address: 9171 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33322

Title: DT () Delete
Name: LEITNER, CRAIG
Address: 22849 ROYAL CROWN TER
City-St-Zip: BOCA RATON, FL 33433

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COO (X) Change () Addition
Name: HOFFMAN, CARL
Address: 916 SW 35TH COURT
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DT (X) Change () Addition
Name: LEITNER, CRAIG CPA
Address: 22849 ROYAL CROWN TER
City-St-Zip: BOCA RATON, FL 33433

Title: DIR () Change (X) Addition
Name: TANNENBAUM, STEPHEN ESQ
Address: 488 GREAT NECK RD
City-St-Zip: GREAT NECK, NY 11021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL HOFFMAN

COO

03/09/2009

Electronic Signature of Signing Officer or Director

Date